

09-May-01 17:52

From-HENKEL/COGNUS CORP, PATENT DEPT,

6102786548

T-856 P.07/08 F-327

S-15-01

PTO/SB/05 (4/98)

Approved for use through 9/30/2000. OMB 0651-0032

Type a plus sign (+) inside this box ☐

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

D 8927B-OC/FOHPT

First Inventor or Application Identifier

CARDUCK, Franz-Josef

Title

A LIQUID DISTRIBUTOR

Express Mail Label No.

EL544993290US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (Total Pages )  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets )
4. ☒ Oath or Declaration (Total Pages )
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application, see  
37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically formatted)
13. ☐ \*Small Entity Statement(s) ☐ Statement filed in prior application,  
Status still proper and desired  
(PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s)  
(If foreign priority is claimed)
15. ☒ Other: REQUEST TO CHANGE CORRESPONDENCE ADDRESS;  
REQUEST AND CERTIFICATION UNDER  
35 U.S.C. 122(b)(2)(B)(i)

\*NOTE FOR ITEMS 1 & 12: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT  
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.38).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No: 09/277,399Prior application information: Examiner A. ChambersGroup / Art Unit: 3753

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label**23657**or ☒ Customer address below

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Country

Telephone

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Fax

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Name (Print/Type)

Henry E. Millson, Jr.

Registration No. (Attorney/Agent)

18,980

Signature

*Henry E. Millson, Jr.*

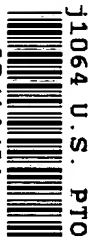
Date

May 14, 2001

Burden Hour Statement: this form is estimated to take 0.6 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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|                                                                                                                                                                                                                                                                                               |         |                          |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------|----------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2000</b><br><i>Patent fees are subject to annual revision.</i><br><i>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i><br><i>See 37 C.F.R. §§ 1.27 and 1.28.</i> |         | <b>Complete if Known</b> |                      |
|                                                                                                                                                                                                                                                                                               |         | Application Number       |                      |
|                                                                                                                                                                                                                                                                                               |         | Filing Date              |                      |
|                                                                                                                                                                                                                                                                                               |         | First Named Inventor     | CARDUCK, Franz-Josef |
|                                                                                                                                                                                                                                                                                               |         | Examiner Name            | A. Chambers          |
| TOTAL AMOUNT OF PAYMENT                                                                                                                                                                                                                                                                       | (\$952) | Group/Art Unit           | 3753                 |
|                                                                                                                                                                                                                                                                                               |         | Attorney Docket No.      | D 8927B-OC/FOHPT     |

| <b>METHOD OF PAYMENT (check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <b>FEE CALCULATION (continued)</b>                                                                                                                                    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| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <b>50-1177 Order No. 01-0283</b><br>Deposit Account Name <b>Cognis Corporation</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | 3. <b>ADDITIONAL FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>128</td><td>240</td><td>128</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>145</td><td>690</td><td>245</td><td>345</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5">* Reduced by Basic Filing Fee Paid</td> <td> <b>SUBTOTAL (3)</b> (\$).00 </td> </tr> </tbody> </table> |                 | Large Fee Code                                                             | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205                | 65  | Surcharge - late filing fee or oath |     | 127 | 50  | 227               | 25 | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139              | 130 | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for reexamination |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840*         | Requesting publication of SIR after Examiner action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 115          | 110 | 215            | 55       | Extension for reply within first month |           | 116         | 380 | 216                | 190     | Extension for reply within second month |    | 117                | 870 | 217      | 435 | Extension for reply within third month                           |  | 118 | 1,360 | 218            | 680             | Extension for reply within fourth month |                 | 128             | 1,850    | 228 | 925 | Extension for reply within fifth month |   | 119                    | 300 | 219 | 150 | Notice of Appeal |    | 120                               | 300 | 220 | 150 | Filing a brief in support of an appeal |     | 121                                   | 280 | 221 | 130 | Request for oral hearing |    | 138                                                | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |   | 140                                                        | 110 | 240                 | 55 | Petition to revive - unavoidable |  | 141 | 1,210          | 241 | 605 | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 128 | 240 | 128 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 145 | 690 | 245 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  |  | <b>SUBTOTAL (3)</b> (\$).00 |
| Large Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Entity Fee (\$) | Small Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Entity Fee (\$) | Fee Description                                                            | Fee Paid                    |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                      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late filing fee or oath                                        |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |     |                |          |                                        |           |             |     |                    |         |                                         |    |                    |     |          |     |                                                                  |  |     |       |                |                 |                                         |                 |                 |          |     |     |                                        |   |                        |     |     |     |                  |    |                                   |     |     |     |                                        |     |                                       |     |     |     |                          |    |                                                    |       |     |       |                                               |   |                                                            |     |                     |    |                                  |  |     |                |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 50              | 227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25              | Surcharge - late provisional filing fee or cover sheet                     |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |     |                |          |                                        |           |             |     |                    |         |                                         |    |                    |     |          |     |                                                                  |  |     |       |                |                 |                                         |                 |                 |          |     |     |                                        |   |                        |     |     |     |                  |    |                                   |     |     |     |                                        |     |                                       |     |     |     |                          |    |                                                    |       |     |       |                                               |   |                                                            |     |                     |    |                                  |  |     |                |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2,520           | 147                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 920*            | 112                                                                                                                                                                   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| 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,840*          | 113                                                                                                                                                                   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| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 110             | 215                                                                                                                                                                   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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 380             | 216                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 870             | 217                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,360           | 218                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,850           | 228                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 300             | 219                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 300             | 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 150             | Filing a brief in support of an appeal                                     |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                      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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 280             | 221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 130             | Request for oral hearing                                                   |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                      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| 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,510           | 138                                                                                                                                                                   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unavoidable                                           |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |     |                |          |                                        |           |             |     |                    |         |                                         |    |                    |     |          |     |                                                                  |  |     |       |                |                 |                                         |                 |                 |          |     |     |                                        |   |                        |     |     |     |                  |    |                                   |     |     |     |                                        |     |                                       |     |     |     |                          |    |                                                    |       |     |       |                                               |   |                                                            |     |                     |    |                                  |  |     |                |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1,210           | 241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 605             | Petition to revive - unintentional                                         |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |     |                |          |                                        |           |             |     |                    |         |                                         |    |                    |     |          |     |                                                                  |  |     |       |                |                 |                                         |                 |                 |          |     |     |                                        |   |                        |     |     |     |                  |    |                                   |     |     |     |                                        |     |                                       |     |     |     |                          |    |                                                    |       |     |       |                                               |   |                                                            |     |                     |    |                                  |  |     |                |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
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| 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 240             | 128                                                                                                                                                                   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  |     |     |     |                                                                  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                                    |  |  |  |  |                             |
| 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 690             | 245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 345             | Filing a submission after final rejection (37 CFR § 1.129(a))              |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                      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| 149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 690             | 249                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 345             | For each additional invention to be examined (37 CFR § 1.129(b))           |                             |                 |                 |                 |          |     |     |                    |     |                                     |     |     |     |                   |    |                                                        |     |     |     |                  |     |                           |     |     |       |                    |       |                                        |     |     |      |                        |      |                                                        |  |     |        |     |                |                                      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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                                                       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| * Reduced by Basic Filing Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                       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| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>345</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$710)</b></td></tr> </tbody> </table> |                 | Large Fee Code                                                                                                                                                        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border="1"> <thead> <tr> <th colspan="2">Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>29 - 20**</td> <td>9 X \$18.00</td> <td>162</td> </tr> <tr> <td>Independent Claims</td> <td>4 - 3**</td> <td>1 X \$80.00</td> <td>80</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>\$270.00</td> <td>0</td> </tr> <tr> <td colspan="4">**or number previously paid, if greater; For Reissues, see below</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$242)</b></td></tr> </tbody> </table> |  | Extra Claims |     | Fee from below | Fee Paid | Total Claims                           | 29 - 20** | 9 X \$18.00 | 162 | Independent Claims | 4 - 3** | 1 X \$80.00                             | 80 | Multiple Dependent |     | \$270.00 | 0   | **or number previously paid, if greater; For Reissues, see below |  |     |       | Large Fee Code | Entity Fee (\$) | Small Fee Code                          | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18  | 203                                    | 9 | Claims in excess of 20 |     | 102 | 78  | 202              | 39 | Independent claims in excess of 3 |     | 104 | 280 | 204                                    | 130 | Multiple dependent claim, if not paid |     | 109 | 78  | 209                      | 39 | ** Reissue independent claims over original patent |       | 110 | 18    | 210                                           | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |    |                                  |  |     | <b>(\$242)</b> |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                           |  |     |    |     |    |                                                                            |  |     |     |     |     |                                           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|                     |                              |                                   |                |
|---------------------|------------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                              | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Henry E. Millson, Jr.        | Registration No. (Attorney/Agent) | 18,980         |
| Signature           | <i>Henry E. Millson, Jr.</i> | Telephone                         | (520) 445-2453 |
|                     |                              | Date                              | May 14, 2001   |

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| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor | CARDUCK, Franz-Josef |
|                                                                          | Title                | A LIQUID DISTRIBUTOR |
|                                                                          | Atty Docket Number   | D 8927B-OC/FOHPT     |

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

May 14, 2001

Date



Signature

Henry E. Millson, Jr., R.N. 18,980

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant must notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(III)).

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PATENT  
Docket No. D 8927B-OC/FOHPT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Application of Franz-Josef Carduck, et al., a Continuation under  
37 C.F.R. § 1.53(b) of:

Serial No. 09/277,399  
Filed: 03/26/99  
TITLE: A LIQUID DISTRIBUTOR

Examiner: A. Chambers  
Art Unit: 3753

**REQUEST TO CHANGE CORRESPONDENCE ADDRESS**

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**John E. Drach  
Cognis Corporation, Patent Dept.  
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Respectfully submitted,



John E. Drach  
(Reg. No. 32,891)  
Attorney for Applicant(s)  
(610) 278-4925

Cognis Corporation, Patent Dept.  
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